

# **THE MEDICAL NEWS AND LIBRARY.**

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**BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.**

## **CLINICS.**

*Statistical Report of the Principal Operations performed in the London Hospitals during the month of January, 1855.*

**Lithotomy.**—In Case 3, reported last month as recovered, death has since taken place. The child, aged 3, was under the care of Mr. Quain, in University College Hospital, and had got so far well as to be allowed, at the wish of its parents, to be taken home. Soon afterwards it suffered from swollen prepuce (it had congenital phimosis); retention of urine followed, and the penile wound reopened. Having been re-admitted, circumcision was performed, and suitable general treatment adopted, but subsequently an attack of diarrhoea carried it off. Death took place six weeks after the operation. Number of cases, 8; recovered, 4; under treatment, 4.

**Case 1.** A healthy boy, aged 8, under the care of Mr. De Morgan, in the Middlesex Hospital, having suffered from symptoms of

stone for about five months. A stone about three-fourths of an inch long was removed. Recovered. *Case 2.* A boy, aged 12, under the care of Mr. De Morgan, in the Middlesex Hospital. He had suffered from stone for six months. The calculus removed was the size of a large nut. Doing well. *Case 3.* A healthy child, aged 4, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. There had always been great difficulty in detecting the stone. At the operation it was found to be too small to be grasped by the forceps, and was finally removed by the scoop end of a director and the finger. It weighed only five grains. The child recovered well. *Case 4.* A man, aged 56, in very good health, under the care of Mr. Erichsen, in University College Hospital. The prostate was much enlarged. A stone as large as a small pigeon's egg was removed. Doing well. *Case 5.* A man in moderate health, aged 44, under the care of Mr. Erichsen, in University College Hospital. A large stone was removed. Under

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treatment. *Case 6.* A boy, aged 6, in good health, under the care of Mr. Simon, in St. Thomas's Hospital. During the operation some little difficulty was encountered in reaching the stone, and after its extraction, on examining the bladder, Mr. Simon detected a rough spot, from which, with a little management, he ultimately withdrew the eye-half of a common needle. On examination, the other half of the needle was found to form the nucleus of the stone. The needle had no doubt been broken during the operation. Its eye-half was quite free from deposit, and had probably been lodged in the coats of the bladder. The only history accounting for the entrance of the needle was, that a year and a half previously, while being tossed, the child had cried out, as if hurt, and blood had afterwards been observed on its clothes. It seemed probable that on this occasion the needle might have been thrust into the perineum. After the operation, the child recovered well. *Case 7.* A delicate, strumous boy, aged 6 years, who had previously been under Mr. Cock's care for upwards of two years, suffering from vesical symptoms, was admitted into Guy's Hospital on November 22. Examinations had been frequently made, but without success in discovering a stone, until just before admission. Some time after admission the child took scarlet fever, and had a long illness, suffering afterwards from albuminuria and general dropsey. At length, however, the albumen disappeared from the urine, and three weeks ago the child was deemed sufficiently well to permit of the operation being performed. A small lithic acid stone was removed. The child did well for the first week, but has subsequently had symptoms of pyæmia, and a large abscess has formed in the cellular tissue of the left forearm, extending deeply among the muscles. Although yet very ill, there seems a fair chance of ultimate recovery. *Case 8.* A boy, aged 4, under the care of Mr. Skey, in St. Bartholomew's Hospital. Stone small. Recovered.

*Lithectomy in Females.*—*Case 1.* A fairly healthy woman, aged 30, under the care of Mr. Shaw, in the Middlesex Hospital. She had suffered from symptoms of stone for two years, and was, in addition, the subject of diseased hip. Mr. Shaw proceeded to the extraction of the stone, which was known to be large, by first dilating and then incising the urethra. Weiss's dilator was

made to distend the urethra as much as possible, and then incisions were practised on both sides, and also vertically. The extraction required the application of much force. The stone weighed no less than five ounces. The patient has done well since. No sloughing followed, and the incisions have now healed. There is still incontinence of urine. *Case 2.* A woman, aged 50, under the care of Mr. Moore. For eighteen years she had been liable to pain in the loins, and for six years to dysuria, and frequent attacks of retention. Lithotripsy had been performed several times. Mr. Moore employed Weiss's dilator, and removed, without having recourse to incisions, a stone weighing about an ounce. The patient has done well since the operation, and has now perfect control over her bladder. She still, however, suffers from vesical irritation.

*Lithotomy.*—A man, aged 54, in fair health, who has lived much in India, has lately been under Mr. Hilton's care, in Guy's Hospital. He had suffered from stone for five years. A single lithotomy operation was performed, and the stone crushed. Some irritation followed, but not more than usual, and he was doing well until three days afterwards, when severe constitutional symptoms showed themselves. Subsequently, three large secondary abscesses formed in the cellular tissue of the arm, thigh, and leg respectively. In each part the pus extended deeply. The man's condition was very like that of mild pyæmia. He subsequently much improved, and has now been discharged for a time, in the hope that change of air may be beneficial.

*Herniotomy.*—Number of cases, 10; recovered, 5; under treatment, 2; died, 3.

*Case 1.* A woman, aged 39, under the care of Mr. Hilton, in Guy's Hospital, hernia femoral, strangulated twenty hours. The symptoms were well marked, but not very severe. Sac not opened. Recovered without a bad symptom. *Case 2.* A woman, aged 59, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been incarcerated five or six days. During the first two days there were nearly all the symptoms of strangulation. After a warm bath and attempts at the taxis, although reduction was not yet effected, yet the symptoms disappeared in part, and the tumour was less tense. No action of the bowels, however, followed the employment of a purge and an enema; and,

the symptoms again becoming threatening, the operation was proceeded to. The sac was not opened. Recovered. *Case 3.* A weakly woman, aged 60, under the care of Mr. Paget, in St. Bartholomew's Hospital. She had noticed for the first time a small lump in her groin about a fortnight before admission. Two days before admission, the lump suddenly became larger and painful, and vomiting soon followed. She applied to a surgeon, who, without visiting her, ordered a blister and some spurious medicine. On the next day, the nature of the disease was recognized, and she was sent to the Hospital. Strangulation had existed about forty-nine hours at the time Mr. Paget operated. Sac not opened. Symptoms of peritonitis came on on the second day, but quickly subsided. Enemata were required to secure the action of the bowels, and by their help very large quantities of fecal matter were brought away. *Case 4.* A thin, debilitated woman, aged 65, was admitted into St. Bartholomew's Hospital, under the care of Mr. Cootie. She had been subject to hernia for nine years, and strangulation had existed for ten days. Vomiting had been almost incessant during the period of strangulation. Her condition of exhaustion was so extreme, that it was not deemed safe to exhibit chloroform. The tissues about the sac were found agglutinated, and the sac was uniformly adherent to the bowel, and had to be dissected up. The portion of bowel strangulated was small, of an almost black colour; on its inner and upper surface was a mortified patch the size of a fourpenny bit. The stricture was divided, and the bowel laid open, but no discharge of feces followed. The patient sank on the morning of the third day. About an hour before death, there had been a pretty free discharge of matter from the intestinal canal. No autopsy. *Case 5.* A woman, aged 35, under the care of Mr. Critchett, in the London Hospital. Hernia femoral, of three years' duration, and strangulated twenty-seven hours. The small incision was practised, and the sac not opened. Recovered. *Case 6.* A woman, of middle age, under the care of Mr. Ward, in the London Hospital. Hernia femoral, strangulated fifty-three hours. The small incision was practised, and the sac not opened. All the symptoms ceased after the operation, and a rapid recovery followed. *Case 7.* A woman, aged 67, under the care of Mr. Quain, in Uni-

versity College Hospital. Hernia femoral, strangulated fifty-four hours; sac opened. Under treatment, and doing well. *Case 8.* A woman, aged 55, under the care of Mr. Quain, in University College Hospital. Hernia femoral, strangulated about two days; sac not opened. The pain, vomiting, and constipation had been present in this case for more than two days, but the patient stated that her rupture did not come down until some time after these symptoms set in. This, however, seemed doubtful, as she had never worn a truss, and had frequently allowed the hernia to be down without taking notice of it. Since the operation she has done well. *Case 9.* A man, aged 32, under the care of Mr. Erichsen, in University College Hospital, for a large oblique inguinal hernia. Strangulation had existed for about twenty-six hours, and the taxis had been freely used. The sac was opened, and a large mass of gut forced down. The bowel was livid with congestion, and its peritoneal coat was in parts stripped off. Considerable difficulty was encountered in the attempts to return it, even after a free division of the stricture; and while these were being made the gut gave way. The edges of the laceration were then attached by sutures to the lips of the wound, and the bowel left in the sac. The patient sank thirty-one hours after the operation. *Case 10.* A man, aged 75, admitted almost moribund, under the care of Mr. Erichsen, into University College Hospital, with a large inguinal hernia. Strangulation had existed for a long period, the exact duration of which could not be ascertained. The sac was opened, and a large coil of intestine, together with some omentum, exposed. The omentum adhered to the testicle and was not removed; the bowel was returned. The condition of the gut was not very bad. Death with brain symptoms followed twenty-seven hours after the operation. At the autopsy some lymph and fluid effusion were found in the arachnoid sac.

*Ovariotomy (Exploration).*—The case under the care of Dr. West and Mr. Paget, in St. Bartholomew's Hospital, mentioned last month, has since been discharged. It will be remembered that the cyst had been opened, and not removed, and that profuse and almost fatal suppuration from its interior had followed. Since the last mention, the woman has improved in health; the cyst now appears to be almost obliterated, and

only a small sinus leading into it remains, from which there is very little discharge. The patient has been discharged in order to go into the country. A radical cure is expected.

*Treatment of Aneurism by Compression.*

—*Case 1.* A man, aged 30, under the care of Messrs. Adams and Ward, in the London Hospital, for a popliteal aneurism the size of a fist, and of six weeks' duration. Under compression treatment of a little more than three weeks a cure has resulted. The man is still, for precaution sake, confined to bed.

*Case 2.* A man, aged 30, under the care of Mr. Cock, in Guy's Hospital. The aneurism was very large, and the patient's thigh fat. Difficulty was found in keeping the pad adjusted, the skin threatened to become sore, the limb swelled, and after one or two interrupted trials of compression for a few hours at a time, it was judged better not to persist with it. (See Ligature of Arteries.)

*Ligature of Arteries.*—The patient, under the care of Mr. Critchett, in the London Hospital, for whom, on account of aneurism by anastomosis in the orbit, ligature of the carotid was performed three months ago, remains under care. He has recently had an attack of hemorrhage, in which several pints of blood were lost, and which nearly proved fatal. *Case 1.* A healthy man, aged 30, was admitted, under the care of Mr. Cock, into Guy's Hospital, on account of a very large femoral aneurism. The artery appeared to have given way just below Hunter's canal, and the tumour had extended itself nearly half way up the thigh, and bulged on both sides of its lower third. A short trial of compression having been given up for reasons assigned above—(see *Case 2*, "Compression Treatment," etc.)—it was decided to ligature the femoral. The man being believed to have disease of the heart, or thoracic aorta, no chloroform was given. The ligature was applied a little higher up than usual; the artery was small and deeply placed. There was a very thick layer of subcutaneous fat in the thigh, and to this Mr. Cock was inclined to attribute much of the difficulty which had been encountered in the attempt at compression. After the operation the man did remarkably well. The ligature came away unusually early (the eleventh day), and about two ounces of blood were lost at the time. The wound is now just healed. The tumour has much decreased in size, but still remains soft and fluctuating.

*Trephining of the Skull.*—*Case 5*, of last month's report, remains under care, and is doing well.

The following has been treated during the last month: A man, aged 58 years, was admitted, under Mr. Erichsen's care, into University College Hospital, having sustained a fracture without depression of the right side of the occiput. Symptoms of compression, complicated by slight convulsive attacks, set in about eighteen hours after the accident. The trephine was employed over the seat of injury, and a small quantity of blood removed. Death ensued about five hours after the operation. At the autopsy the brain was found lacerated, and blood effused on the side opposite to the external injury.

*Amputations.*—The cases left under care are either recovered or doing well. Number of cases, 9; recovered, 2; under treatment, 4; died, 3.

*Of the Thigh.*—*Case 1.* A man, aged 28, admitted into Guy's Hospital, under the care of Mr. Birkett, in a cachectic state, with disease of the knee-joint of thirteen years' duration. There was ankylosis of the joint. An abscess subsequently formed in the popliteal space, and acute inflammation about the ends of the already diseased bones reduced him to such a condition that amputation became necessary in order to save life. Recovered. *Case 2.* A boy, aged 9, under the care of Mr. Cock, in Guy's Hospital, for diseased knee-joint. He was of strumous constitution, and miserably ill. It was necessary, in the amputation, to make the whole flap from the outer side of the thigh, on the inner side the soft parts having been extensively destroyed by ulceration. The disease had existed three years. Since the amputation, the boy has done extremely well, having gained flesh most rapidly. Recovered. *Case 3.* A man, aged 19, under the care of Mr. Curling, in the London Hospital. The patient had, on account of diseased knee-joint, been under Mr. Curling's treatment since May last. After having gained much by rest in the Hospital, he was sent to Margate. The joint was made worse by the journeys to and from that place, and when re-admitted it was evident that some operation must be performed. Excision of the joint was thought of, but ultimately declined, on account of the man being believed to be phthisical. Amputation was at length done. The man did very well for the first

week, but subsequently all the symptoms of pyæmia supervened, and he died in the third week. At the autopsy, pus was found surrounding the femur as high up as the hip-joint, which latter was also itself involved. There were deposits in the lungs and liver.

*Of the Leg.*—*Case 4.* A lad, aged 17, under the care of Mr. Erichsen, whose leg had been amputated last month (*Case 18*) in the lower third, on account of a compound fracture. The flaps having been destroyed by phagedena, a second amputation became necessary, and was performed in the upper third. Another attack of phagedena followed, and the actual cautery had to be resorted

to, to arrest its spread. The case is now doing well. *Case 5.* A boy, aged 3, under the care of Mr. Birkett, in Guy's Hospital. In January, 1854, the child received a blow over the left foot. This led to death of the ossified centre of the *os calcis*, which was removed by laying open the sinuses which had formed. The operation was performed in March, 1854. (See Report, April 22, p. 405, "Excision of Bones.") Since then

the child's health had been very bad. The tarsus has been inflamed, repeated abscesses have formed, the ankle-joint became swollen, and the tibia enlarged about its centre. This condition of things determined Mr. Birkett no longer to delay amputation, which has accordingly been done in the upper third of the leg. The child has since recovered well. The examination of the foot after removal showed that complete reparation had taken place in the *os calcis*. The astragalus was carious, there were false membrane in the ankle-joint, and a large abscess external to it. About an inch and a half of the middle of the shaft of the tibia was in a state of necrosis. *Case 6.* A young man, aged 20, under the care of Mr. Luke, in the London Hospital, with strumous disease of the ankle-joint. Amputation in the lower third of the leg was performed. Doing very well.

*Double Amputation.*—*Case 7.* B. H., a South Sea Islander, aged probably about 25, was admitted into the London Hospital under the care of Mr. Adams, on account of frost-bites of both feet. He was just landed from on board ship, and was in a very exhausted condition. After treatment for a few weeks, deep lines of demarcation formed in both legs, in each about the junction of the middle and lower thirds. The suppuration now became profuse, and as the man appeared to have gained sufficient strength

to warrant an operation, Mr. Adams determined to amputate. Both limbs were removed in the upper third on the same day. The operation was very quickly got through with, and but little blood was lost. On the night of the second day, however, a slight hemorrhage occurred from the left stump, and so much reduced him that he died next day.

*Of the Forearm.*—*Case 8.* A man, aged 55, under the care of Mr. Quain, in University College Hospital. The forearm was disorganized by suppuration in the sheaths of the tendons, consequent on whitlow. He had for some time been in very bad health. Amputation through the upper arm was performed. Death from pyæmia resulted on the seventeenth day. Deposits were found in the lungs. *Case 9.* A girl, in fair health, aged 10, under the care of Mr. Critchett, in the London Hospital, for great deformity of the arm, resulting from a form of lupoid ulceration of the skin. The member was quite hopelessly crippled. Amputation in the upper arm was performed. Recovered.

*Excision of Bones and Joints.*—Mr. Statham's case of excision of the knee-joint in University College Hospital continues under care. There is still profuse suppuration from the part, and the patient's progress has also been much retarded by a large bedsores on the back. The case of excision of the elbow-joint, in a woman aged 70, also operated on by Mr. Statham, remains under treatment. The patient has left the Hospital, the parts, however, not yet being sound; she is, however, making favourable progress, and keeps in good general health. Mr. Fergusson's case of excision of the knee-joint, reported last month (*Case 1*), is doing well. Mr. Paget's case of excision of the elbow-joint, reported in August, has been re-admitted during the last month, after a three months' absence in the country. The girl has got a very useful arm, with a fair amount of motion. All the sinuses had been healed for some time, but during the winter weather one or two of the cicatrices have again ulcerated. The thickening of the soft parts has been well removed.

During the month, the following have been performed: *Case 1.* Excision of the elbow-joint, by Mr. Fergusson, in King's College Hospital. The patient is doing well. *Case 2.* A man, aged 18, in good health, was admitted into St. Thomas's Hospital, under the

care of Mr. Simon, in consequence of ankylosis of the knee-joint in a flexed position. The deformity was extreme, and rendered the limb useless. Mr. Simon determined to attempt its remedy, by sawing out a wedge-shaped portion of the bone, so as to allow of the limb being straightened. This operation was accordingly done. The joint was found in a state of ossified ankylosis. Several wedged slices of the tibia were cut away, and the leg brought down until nearly in a line with the femur. Excepting that there were no articular structures involved, the operation amounted almost to an excision of the knee-joint. The parts were very well adjusted, and, for a week after the operation, the man did well. Symptoms of pyrexia then supervened, an abscess formed in one arm, and death occurred in the third week. No autopsy was allowed. *Case 3.* A man, aged 43, but looking ten years older, was admitted, under Mr. Hutchinson's care, into the Metropolitan Free Hospital, on account of diseased elbow-joint. Six weeks previously he had sustained an injury to the olecranon, which was followed by inflammation of the whole forearm, and intense pain in the bone. From the account given, it was judged that the joint had been involved only secondarily. He was hectic, and extremely exhausted. At first it was thought that immediate amputation must be performed; but, after a few days' waiting, the swelling of the forearm subsided, and the general symptoms improved to such an extent, that an excision was deemed war-rantable. The entire elbow-joint was accordingly excised, the usual H shaped incision being practised. The patient has since done remarkably well, as far as the elbow is concerned; he has had, however, some troublesome abscesses in the forearm. Under treatment. (For an account of the condition of the parts removed, see Report of the Pathological Society for February 6, p. 171.) *Case 4.* A man, aged 21, under the care of Mr. Cock, in Guy's Hospital, for tu-mefaction over the tarsometatarsal joint of the left great toe. Mr. Cock cut down upon the spot, and scooped out some diseased bone in a state of carious softening. Much inflammation followed the operation, and considerable constitutional disturbance. There has also been a large abscess on the opposite side of the foot, unconnected with the original disease. Under treatment.

*Removal of Necrosed Bone.—Case 1.* A

boy, aged 13, under Mr. Birkett's care, in Guy's Hospital, for necrosis of the tibia, on which a previous operation had been performed. Some fragments of sequestrum were removed. *Case 2.* A girl, aged 15, under the care of Mr. Holt, in the Westminster Hospital, for necrosis of the tibia, supervening on acute inflammation of the bone. A large sequestrum was removed from the lower third of the shaft of the bone. Doing well. *Case 3.* A man, aged 21, whose little finger had been amputated seven months ago on account of necrosis of the metacarpal bone, came under Mr. Hilton's care in Guy's Hospital, for like disease in the same bone of the index finger. Some portions of dead bone have been extracted, and a good result is promised. *Case 4.* A man, aged 38, the subject of severe constitutional syphilis, admitted, under Mr. Hilton's care, into Guy's Hospital, on account of necrosis of a large portion of the frontal bone. A very large plate of bone, including in parts both tables, was removed by forceps. The parts are healing fast. *Case 5.* A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, for necrosis of the lower part of the left femur, of twenty-four years' duration. Sixteen years ago, Mr. Cock had removed some dead bone from the same part, but a large fragment yet remained. The parts were much thickened, the knee-joint was half flexed, and the sinuses led directly into the popliteal space. The latter circumstance rendered much care necessary in making the incisions. Mr. Cock succeeded in extracting a long sequestrum from a great depth. The man afterwards suffered much pain, and the discharge has been very fetid. More lately, the pain has ceased, but it is believed that a small fragment yet remains to be removed. *Case 6.* A girl, aged 13, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of necrosis of the lower part of the right fibula. A portion of dead bone was removed. Doing well.

*Removal of Exostoses.—Case 1.* An Irish-woman, in good health, aged 44, was admitted, under Mr. Child's care, into the Metropolitan Free Hospital, on account of a very large exostosis from the interior of the right orbit. It projected as a prominent mass, fully the size of a fist, and the collapsed remains of the ejected eyeball hung from its lower surface. The skin of the distended upper eyelid was beginning to

ulcerate in one spot. The operation consisted in carrying incisions down from the forehead to each canthus, and then dissecting off the upper lid. By means of the saw and of large bone forceps, the mass was then detached in large fragments, until it was got to a level with the orbital ridge of the frontal bone. The orbit itself was quite filled with the growth, but it was not deemed warrantable to attempt its removal. The mass, which was of nine years' growth, was extremely hard, and in parts almost of ivory-like density. It was covered exteriorly by a very thin layer of cartilage. The patient has done very well since the operation, and is relieved of a great deformity.

*Removal of Malignant Tumours.*—The two cases under treatment by last month's Report, have recovered. Number of cases, 4; recovered, 2; under treatment, 1; died, 1.

*Case 1.* A woman, aged 49, was admitted into the London Hospital, under the care of Mr. Curling, with an ulcerated cancerous growth (epithelial) close to the left verge of the anus. It appeared, that for six years she had suffered from some growth at that spot, respecting which, from the history given, it was doubtful whether it should be considered a pile or a condyloma. This having increased lately, had been removed by a surgeon six months before her admission, and the present sore had formed in the resulting cicatrix. The ulcer was deep, and involved part of the sphincter. Mr. Curling excised the whole. There was rather sharp bleeding, and several vessels required ligation, the wound afterwards being plugged with sponge. The sore has since assumed a healthy condition, excepting one spot, which appearing suspicious has been treated by the potassa fissa. Cicatrization is now fast progressing, and it is hoped there will be no material contraction of the bowel.

*Case 2.* A woman, aged 48, under the care of Mr. Solly, in St. Thomas's Hospital, on account of a tumour in the breast of eleven weeks' growth, and the size of an orange. The whole breast was removed. The disease proved to be encephaloid. Recovered.

*Case 3.* A man, aged 60, under the care of Mr. Solly, in St. Thomas's Hospital, on account of cancer of the lip. The diseased part was excised. Recovered.

*Case 4.* A man, aged 27, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of a large tumour growing from the left side of the forehead. The tumour had itself the

bulk of a fetal head. It proved to be encephaloid, and had in parts destroyed both tables of the skull. The man died about a fortnight after the operation, suffering from erysipelas, and having also had some doubtful symptoms of tetanus. The case was one of great interest, and we shall, at some future time, report it in detail.

*Removal of Non-Malignant Tumours.*—*Case 1.* A woman, aged 46, was admitted into the Marylebone Infirmary, under the care of Mr. Henry Thompson, on account of a very large hypertrophy of the labium and clitoris. The tumour was of nine years' growth, and so large, that when standing it reached to within two inches of the knees. Mr. Thompson ligatured the base of the mass with seven strong whipcord ligatures before cutting it through. The expedient answered well, and but little bleeding occurred. The woman recovered without a bad symptom. The mass weighed, after being drained of fluid, nearly four pounds.

*Case 2.* A boy, aged 8, under the care of Mr. Moore, in the Middlesex Hospital, on account of a cartilaginous tumour, the size of a hazel-nut, growing from the radial side of the first phalanx of the index finger. The tumour and the side of the bone from which it grew, were removed. Recovered.

*Case 3.* A woman, aged 23, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a rather large tumour in the buttock. It had been noticed for three months. On being opened, clear fluid and hydatid cysts escaped. Recovered.

*Case 4.* A woman, aged 36, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the left femur at the junction of its upper and middle thirds. There was

no history of the occurrence of fracture, but the bone was broken at that spot, and had remained ununited for many months. The disease had been attended by great pain, and there was enlargement of the ends of the bones. Mr. Hilton cut down upon the part and removed with forceps a portion of bone from the upper fragment; some large cysts were also opened, and afterwards removed. One cyst was the size of an orange, and contained fibrin and clear fluid. The patient has suffered much constitutional disturbance since the operation.

*Case 5.* A woman, of middle age, under the care of Mr. Simon, in St. Thomas's Hospital, on account of a pedunculated fatty tumour in the upper part of the thigh. Recovered.

*Case 6.* A girl, aged 20, under the care of Mr. Cock, in Guy's Hospital, for a fatty tumour beneath the right clavicular region. Recovered. *Case 7.* A man, aged 30, under the care of Mr. Cock, in Guy's Hospital, on account of an encysted tumour beneath the scalp, the size of an orange. Recovered. *Case 8.* An infant, aged nine months, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of an encysted tumour beneath the scalp. The tumour was believed not to have been congenital.

*Excision of the Testis.*—A case was mentioned in our Report for August, page 319, in which Mr. Paget had performed the plastic operation recommended by Mr. Syme for the cure of fungous testis. The patient, a man aged 31, remained well for about two months, and was engaged in a very laborious occupation. Ultimately, however, the cicatrix again ulcerated, and during last month he applied for re-admission, under Mr. Stanley. It was now decided to remove what remained of the diseased gland. This was done, the patient has since done well, and the wound is now nearly healed. The gland was found, on examination, to be so much disorganized, that there could have been no object in attempting to preserve it.

*Tracheotomy.*—In the case of a child, aged 2½, under the care of Dr. West, in the Hospital for Sick Children, tracheotomy was required for the relief of very urgent symptoms occurring in the course of croup. It was performed by Mr. Athol Johnson, and gave much temporary relief, but the child sank thirty hours afterwards.

*Operations for Urethral Stricture.*—Several cases of this class remain under care.

*Puncture of the Bladder.*—*Case 1.* An unhealthy-looking man, aged 28, was admitted under the care of Mr. Callaway, into Guy's Hospital, on account of retention of urine. He had suffered from symptoms of stricture for ten years. The retention had, on the present occasion, existed for five days, but had not been complete. All attempts at catheterism having failed, the bladder was punctured by the rectum. On the next day, Mr. Cock succeeded in introducing a small silver catheter by the urethra, and, as there had been some coining of blood from the rectum, it was judged best to remove the canula. The man progressed well, and, at the end of a fortnight, a large-sized elastic

catheter could be passed. *Case 2.* A man, aged 44, was admitted, under Mr. Stanley's care, into St. Bartholomew's Hospital, suffering from two days' retention of urine, and in a very exhausted condition. All attempts to pass a catheter failing, Mr. Stanley at once punctured the rectum, and drew off about three pints of fetid urine. Great relief was afforded by the operation, and for three days the man continued to progress most satisfactorily. In the night of the third day, however, during sleep, the canula slipped out of the bladder. Again it was found impossible to introduce a catheter; the warm bath was also tried, but with no benefit. In the absence of Mr. Stanley, Mr. Paget now saw the man, and performed a second puncture of the bladder. For a few days the man again improved, but ultimately sickness and typhoid symptoms came on, and death took place on the eleventh day subsequent to his admission. At the *post-mortem*, a firm cartilaginous stricture, an inch in length, was found about five inches from the meatus. The bladder was hypertrophied and contracted; there was diffuse suppuration between the bladder and rectum. Only the pelvic viscera were allowed to be examined.

*Operations for Urethral Fistula.*—In two cases of fistula anterior to the scrotum, communicating with the urethra, operations have been performed. The cases are respectively under the treatment of Mr. Erichsen, in University College Hospital, and Mr. Henry Thompson, in the Marylebone Infirmary. Both remain under care. We shall give their particulars at a future time.

*Radical Treatment of Hernia.*—In the case of a man, aged 66, subject to a large scrotal hernia from childhood, Mr. Brooke, in the Westminster Hospital, performed the operation of invagination for its radical cure. The invaginated portion of integument did not, however, prove large enough to occlude the opening, and during a fit of coughing the bowel was again forced down.

*Operations for the Cure of Nevus.*—A man, aged 30, was admitted, under Mr. Birkett's care, into Guy's Hospital, on account of a venous nevus the size of a penny-piece, on the right side of the forehead. An attempt had been made about ten years since to cure it by needles and ligature, but had partially failed. Mr. Birkett excised the whole. No material bleeding occurred, and the wound afterwards healed quickly.

*Plastic Operations.—For Protrusion of the Testis.*—A man, aged 24, was admitted into the Middlesex Hospital, under the care of Mr. Shaw, on account of a large fungous protrusion from the left testicle. The condition had resulted from an attack of scrofulous orchitis, eighteen months before. Mr. Shaw pared off the granulations freely, and then dissected up the skin from each side of the gland, and united the edges by harelip pins and sutures. The wound healed remarkably well, and the testis is quite covered.

*For Contraction of the Lower Eyelid.*—A man, whose lower eyelid had been partially destroyed by ulceration, was operated on by transplantation of skin, by Mr. Wordsworth, in the London Hospital, with great benefit.

*Puncture of an Abdominal Tumour.*—A woman, under the care of Dr. Thompson, in the Middlesex Hospital, suffered from intestinal obstruction, which was believed to result from the pressure of a tumour on the rectum. The tumour was thought to be ovarian, and it was accordingly determined to puncture it. The operation was performed by Mr. Moore, when a large quantity of semi-purulent fluid escaped. The urgent symptoms have since disappeared, and the patient has passed copious evacuations. (We hope shortly to be able to give the details of this interesting and remarkable case.)—*Med. Times and Gaz.*, Feb. 24, 1855.

gister themselves at the earliest possible period in order to facilitate the accomplishment of this duty, and to enable the Association to organize punctually at the appointed time.

The Pennsylvania Railroad, from Pittsburgh to Philadelphia, the Philadelphia, Wilmington, and Baltimore Railroad, the Petersburg and Roanoke Railroad in Virginia, and the northwest chain of roads from Philadelphia to Elmira, N. Y. (composed of the Philadelphia and Reading, the Little Schuylkill, the Sunbury and Erie, and the Williamsport and Elmira Railroads), have agreed to pass the delegates to the Association to and from Philadelphia at half the usual fares on presentation of their credentials, from 24th April to 12th May, inclusive.

The Baltimore and Ohio Railroad Company offer to return, free of charge, such delegates as have passed over the road to attend the meeting of the Association, on presenting certificates to that effect from the Secretary.

The thanks of the profession are due to the officers of these roads for this courtesy, and we trust it will not be forgotten.

All the other roads have declined to enter into any arrangement.

*The Approaching Meeting of the American Medical Association.*—The editor of the *North-Western Medical and Surgical Journal*, in speaking of this meeting in a late number, remarks:—

"The coming meeting will, doubtless, be one of more interest, in a strictly scientific and professional aspect, than any which have preceded. It is easy to perceive that the current of opinion in the profession is running strongly in favour of devoting more time and care to the reading and consideration of such scientific papers and reports as may be presented, and less to mere miscellaneous matters. Heretofore much time has been consumed on random resolutions and vain attempts to amend the constitution.

"Let each delegate look over the list of subjects assigned to special committees, and study those subjects in such a manner as to be prepared to consider and act upon any reports that may be presented. We say this much without wishing to convey the impression that no time ought to be devoted to the important subject of *medical education*.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*American Medical Association.*—The Committee of Arrangements will attend at the Hall of the Philadelphia College of Physicians, Spruce Street, south side, between Eighth and Ninth Streets, on Saturday, April 28, from 11 A. M. to 2 P. M., and from 4 to 7 P. M.; also, at the same place on Monday, April 30, from 11 A. M. to 2 P. M., and from 4 to 10 P. M., and on Tuesday, at the Hall of the Musical Fund Society, Locust Street between Eighth and Ninth Streets, at 8 o'clock A. M., for the purpose of receiving credentials and registering the delegates.

Delegates are earnestly solicited to re-

"We do think, however, that fewer resolutions and more *practical action* on this subject would conduce to the interests of the profession. An effort will probably be made at the coming meeting to so far change the constitution as to permit the annual meetings to be held permanently in Washington city. We are very sure, however, that such a step would greatly lessen the influence and importance of the Association. If there is one single constitutional provision which has contributed largely to the influence of the national organization over the whole profession, it is that which prohibited it from meeting twice in succession in the same place. On this subject we hope the Northwest will not only be well represented, but also well united in opposition to any change which shall aid to localize the annual meetings of the Association in one section of the Union."

*The late Philadelphia Committee of Publication of the American Medical Association.*—We have no desire to deprive the present New York Committee of Publication of a single leaf of their laurels; on the contrary, we take pleasure in repeating, what we have already said, that they have performed their thankless and laborious duties creditably. We do them the justice to believe that the repeated efforts made by a New York Journal, to claim praise for them which is not their due, and to draw unfavourable comparisons between them and their predecessors, must be as mortifying to them as it is unjugal to others.

It is as a simple act of justice to the late Philadelphia Committee, therefore, that we republish from their last report made to the Association, at its meeting in St. Louis (see *Transactions*, vol. vii. p. 635), the following extract:—

"The committee would suggest the propriety of having the entire edition of the future volumes of the *Transactions* bound in cloth and lettered, to correspond with the former volumes done up in that manner. The increased expense thus incurred will, the committee are convinced, be fully compensated by the increased sale of the work, its improved appearance forming an inducement to many to become purchasers, in whose eyes it has hitherto found, in its plain cover, no favour.

"The facility with which bound books may now be sent to every portion of the

United States by mail, or by express to those places to which these latter extend, has done away with the sole object which the Committee of Publication had in view in adopting the paper cover, in preference to having all the volumes neatly bound in cloth."

*Ohio State Medical Society.*—This Society, at its late annual meeting, adopted, on motion of Dr. GRANT, the following resolution:—

"Resolved, That it is not derogatory to medical dignity, or inconsistent with medical honour for medical gentlemen to take out a patent right for surgical or medical instruments."

This resolution is in direct conflict with § 4 of Art. I. Chap. II. of the Code of Ethics adopted by the American Medical Association, which is in these words:—

"Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

*Gunshot Wound of the Heart.*—The attention of the profession has been, in a marked degree, turned to this subject by the recent case of Poole, who survived a gunshot wound of the heart nearly twelve days, without any palpitation, syncope, or irregular action of the organ. Under more favourable circumstances, with perfect quietude of mind and body, there seems but little room to doubt that he might ultimately have recovered. The great mystery is, that under all the exciting and disturbing influences, both physical and moral, by which he was surrounded, the fatal issue should have been so long delayed. With the exception of his having been in a state of collapse for the first four hours after receiving the injury, his strength kept up in so remarkable a manner, that he was ready to fight an antagonist who visited him during

his illness. He was under the care of Dr. Putnam; Drs. Carnochan, Cheeseman, J. R. Wood, and others, also saw him in consultation. We are indebted to Dr. Finell for the following notes of the *Autopsy*:—

There were wounds on the surface of the body, one in the lower and outer portion of the thigh, the other in the chest. The one in the thigh had two openings about an inch apart, and measured a quarter of an inch in diameter. It passed through just beneath the skin without touching the muscle of the leg. The ball in the chest entered the sternum just at its junction with the cartilage of the fifth rib, passing through the bone and pericardium into the substance of the heart, where it was found. On raising the breast-bone and exposing the pericardium, it was found very much distended, measuring five inches in its transverse diameter, and six in its vertical. It contained about thirty ounces of a sero-sanguineous fluid. The external surface of the heart was covered with fibrinous exudation, the recent product of inflammation. The heart was washed and laid aside, with no suspicion that the ball was lodged in it until after nearly two hours' search in the cavity of the chest, and especially along the side of the spine. At last the heart was very carefully felt over, and the bullet was found imbedded in its muscular texture. On making an incision it was exposed. Its lodgement was in the septum, between the ventricles, about an inch and a half from the apex of the heart, and a quarter of an inch from its surface. The muscular substance had united over the ball, and healed so far that the point of entrance was obliterated. He died from effusion in the pericardium, stopping the action of the heart. It is probable that on Wednesday night the effusion began to come on, and it rapidly increased. At 9 o'clock on Thursday morning it suddenly increased, and he sank immediately. The lungs were pale and edematous. The liver, kidneys, stomach, and other organs presented an unusually fine view of organs in a sound condition. The whole body was a most perfect specimen of fine muscular development; even to the ends of his toes the muscles were remarkably developed.

The size of the ball was that of a large pea, being that of 70 to the lb.—*New York Medical Times*, April, 1855.

[In the No. of the *American Journal* for May, 1829, p. 263, there is a notice of a case

of gunshot wound of the chest in which the patient, a Negro boy aged 15, lived 67 days after the accident, and on *post-mortem* examination three shot were found lying loose in the cavity of the right ventricle, and two in the right auricle.]

*Chester County Medical Society*.—Drs. W. Worthington, A. K. Gaston, S. A. Ogier, Isaac Thomas, and C. E. Coates, have been appointed delegates to represent this Society at the approaching meeting of the American Medical Association.

*University of Pennsylvania*.—Prof. Wm. Girson, who has filled the Surgical chair in this school for the past thirty-seven years with signal ability, resigned on the 3d of April, and has been elected emeritus Professor of Surgery.

*The Medical Counsellor*.—A weekly journal, under this title, has recently been commenced by R. HILLS, M. D., of Columbus, Ohio. We wish it success.

#### *Medical Classes in 1854-'55.*

University of Pennsylvania	-	350
College of Physicians and Surgeons, New York	-	182
Jefferson Medical College	-	562
University Medical College	-	307
University of Louisiana	-	223
Medical College of Georgia (at Augusta)	-	171
Savannah Medical College	-	50
Iowa Medical College	-	75

#### *Medical Graduates in 1855.*

College of Physicians and Surgeons, New York	-	47
University of Louisiana	-	54
Medical College of Georgia (Augusta)	53	
Savannah Medical College	-	17
Med. Dep. University of Nashville	-	93
University of Louisville	-	72
University of Buffalo	-	13
Medical College of Ohio	-	21
Miami Medical College	-	17
Kentucky School of Medicine	-	16
Albany Medical College	-	49
Memphis Medical College	-	19
St. Louis University	-	30
University of Missouri	-	30
Iowa University, Medical Department	19	
University of the City of New York	-	106

*Rush Medical College.*—The chairs of Materia Medica and Therapeutics, and of Physiology and Pathology in this school are vacant. Applications for appointments to both these places will be received by the President, Prof. Daniel Brainard, until the 15th of June next. —

*Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane.*—The next annual meeting of this Association will be held in the city of Boston, to commence on the fourth Tuesday of May next, at 10 o'clock A.M. —

*A Bill for the Establishment of a Board of Medical Censors* has been introduced into the Legislature of Pennsylvania, which contains so many objectionable features that we deem it important to call the attention of the profession to it. The bill provides for the appointment of three "Medical Censors" by the Governor, before whom all physicians, surgeons, and obstetricians practising in the State are required to appear for examination to their qualifications, under penalty for non-compliance, of being deprived of "recourse in law for the collection of their bills for medical services." A tax of twenty-five dollars is exacted by the bill for a certificate of examination; and an annual re-examination is also required, at a yearly tax of five dollars.

So gross an interference with the rights of the physicians in our State we can scarcely believe likely to receive the sanction of the Legislature. It will be well, however, for the members of the profession to bestir themselves at once in the matter, and employ such personal influence as they may be able to direct against the passage of the measure.

#### FOREIGN INTELLIGENCE.

*Death from Chloroform.*—In the *Medical Times and Gazette*, January 13, 1855, the following instance of this is recorded, which occurred in one of the English Provincial Hospitals:—

A man, aged 18, of ruddy complexion, had chloroform exhibited in order to the removal of an encysted tumour from under the left eyebrow. During the inhalation the breathing became stertorous, and the

inhaler was accordingly removed for a time. On a second application, after about half-a-minute's inhalation, a convulsive attack resembling epilepsy occurred, the man became purple in the face, and almost immediately died. All attempts to restore animation failed. At the autopsy, great congestion of the brain was found; the left ventricle of the heart was tightly contracted.

*Report on an Experimental Inquiry Concerning Accidents by the Inhalation of Chloroform.*—The *Société d'Emulation* of Paris appointed a committee for the above purpose, which met forty times to conduct a series of 150 experiments upon different classes of animals. The results of their labours are detailed by M. L. LALLEMAND in the present report; but we must confine ourselves to reproducing his conclusions.

1. The action of chloroform upon the economy takes place with a rapidity directly proportionate to the amount of concentration of the inhaled vapour—the phenomena being, however, always manifested in the same order, and with the same characteristics.
2. The excito-motory properties of the nervous centres, the sensibility and motility of the cerebro-spinal nerves are suspended by chloroform; but the excitability of the medulla, and the motility of the nerves continue to be manifested under the electric current.
3. Chloroform possesses an especial elective affinity for the nervous centres, in the substance of which it becomes accumulated during inhalation, and is there found after death in a much larger proportion than in other organs.
4. The respiratory movements cease before the action of the heart.
5. After the respiratory movements are suspended, the animal, if left to itself, dies.
6. Chloroform is rapidly eliminated from the economy, the pulmonary surface being the principal agent of elimination.
7. In the majority of cases, the suspended vital functions can be re-established by means of the insufflation of air, or oxygen gas, even after all apparent circulatory movements are abolished.
8. In order to succeed, it must be resorted to immediately after the suspension occurs, and be steadily persevered in until the normal actions are completely re-established.
9. Artificial respiration, produced by the faradisation of the phrenic nerves, may likewise re-establish the suspended vital functions.
10. Electricity, employed as a general stimulus of the nervous system, is power-

less, and it rapidly exhausts the nervous excitability of animals in the last stage of chloroform intoxication. 11. Insufflation acts by stimulating the excitability of the nervous system, and inducing elimination of the chloroform by the pulmonary surfaces. 12. Death ensuing on the inhalation of chloroform takes place from the abolition of the action of the nervous system, and not from asphyxia or paralysis of the motions of the heart. 13. The dilution of the vapour of chloroform with a considerable and constant proportion of air, will, if not entirely prevent, very much retard, the danger of intoxication.

Applying these results to the human subject, the reporter feels convinced that insufflation of air, effected by means of a tube passed through the mouth into the trachea, and connected with a bellows, if commenced at once on the development of accidents, and continued with perseverance, will, in the majority of cases, prove perfectly successful. Local faradisation of the phrenic nerves is only of secondary importance, compared with insufflation. By the latter, as much air as is desired can be introduced, the energies of the circulation becoming aroused and the elimination of the poison favoured; while, under the employment of electricity, the excitability of the nervous system is apt to become exhausted.

In a preventive point of view, it is to be observed, that in all the experiments the respiratory movements first ceased; so that such suspension becomes the signal of the intense poisonous influence exerted on the economy, and the imminence of death. These movements, therefore, require especially to be watched during the administration. The chloroform, too, should be employed only when diluted with air, and care be taken not to administer large additional doses when the effect is commencing to take place. Owing to their density, the atmosphere near the patient remains charged with the vapours, which may easily thus become inspired in greater concentration than is supposed.

The reporter furnishes a drawing of a new apparatus, contrived by M. Duroy, for the purpose of administering a diluted chloroform, which he terms an *Anasthesimeter*.—*Med. Times and Gaz.*, March 10, 1855, from *L'Union Médicale*, No. 13, 1855.

*Treatment of Catarrh.*—Several methods

more or less novel for the treatment of the ordinary coryza, or catarrh, are just now occupying a good deal of attention. In Hospital practice we have not seen the plan of injecting a solution of sulphate of zinc, as recommended by Mr. Pretty, at all tried. The remedy is one, which from what we know of its influence on the conjunctival and urethral mucous membranes, might be expected to be very useful. The nares, however, offer considerable difficulties to its application. In the eye and the urethra it may easily be got in contact with the whole inflamed surface, to accomplish which must be impossible in the case of the Schneiderian membrane. The trouble also involved is a drawback. A much more convenient method, and one which we hear spoken very highly of, is the inhalation of the fumes of opium, as recently suggested by Dr. Lombard, of Geneva.\* A piece of metal is heated in a spirit-lamp, and a few grains of powdered opium having been sprinkled upon it, the patient is directed to hold his head in the fumes, and to make a few forced inhalations. It is said to afford most marvellous and speedy relief to the distressing pain and sense of weight so commonly felt in the frontal sinuses. As addressed to this particular symptom, this expedient might be advantageously combined with "orange-juice treatment," so useful in allaying the fever, restlessness, and general disturbance which often attend this common and most disagreeable complaint.—*Med. Times and Gaz.*, March 31, 1855.

*Creasote Ointment.*—The following is the formula for a compound creasote ointment, in common use at the Hospital for Diseases of the Skin. It is chiefly employed against the chronic forms of scaly disease. It should be omitted or suspended for a time when the irritation is sufficient, as shown by the patches becoming red and destitute of scales:—

R. Creasoti 3ss ad 3j.  
Unguenti Hydrargyri 3j.  
Hydrargyri Nitrico-Oxydi levig. 3ss.  
Adipis recentis 3 xv.  
Misce. Ft. Ung.—*Ibid.*

*Injections of Acetum Lytta in Urethral Fistula.*—A boy is now under Mr. Lloyd's care in St. Bartholomew's Hospital, on ac-

\* *Gazette Médicale*, July, 1854.

count of a small perineal fistula after lithotomy. The operation was performed in the usual manner about two years ago, and the wound healed well. A week after his discharge from the hospital, and ten days after the wound had healed, the cicatrix, however, gave way again. Instead of at once applying for readmission, the boy continued without treatment for some time. Subsequently he was under care in a provincial hospital, where, without success, several plans were tried, including the application of the actual cautery. The fistula is now a very small one, situated at the anterior part of the cicatrix, and just admitting a common-sized probe. Mr. Lloyd remarked, in some clinical observations on the case a few days since, that he had never seen the actual cautery successful in closing a fistula of this kind. On more than one occasion he had, however, succeeded by the injection of the acetum lytic by means of a small syringe. The effect of the injection generally was to cause inflammation, and swelling of the part on the subsidence of which the canal would be found closed. He thought that the difference between the actual cautery and an irritant injection was very great, the one only acting on the mouth of the fistula, or at best, on a small part of its extent, the other destroying the false mucous lining of the whole of the tract. It was only after the latter that obliteration from the urethra outwards could be expected, and if any portion were left for the urine to accumulate in, it would be vain to hope for closure of the external orifice — *Med. Times and Gaz.*, March 31, 1855.

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*Curative Treatment of Morbus Brightii.* —Dr. HANDFIELD JONES read before the Harveian Society (March 1, 1855) a paper on this subject. Four cases were related, in which patients, who suffered under dropsy, with more or less of general cachexia, and an albuminous condition of the urine, which contained casts, &c., were restored to greatly improved health by treatment steadily continued. At the same time the quality of the urine improved in a corresponding measure, and this very gradually. The treatment consisted in the administration of iron, chiefly the muriated tincture, either alone or combined with the bichloride of mercury. Cod-liver oil was given in one case, and quinia and the sulphate of iron in another. The position taken was, that Bright's disease was essentially a degenera-

tion, widely remote from inflammation, and that its cure was to be attempted by the employment of all means likely to raise and maintain the general power. In the fifth case, after the removal of considerable ascites and anaemia, at first by blue pill, squill, and digitalis, and afterwards by the tonic treatment above described; the latter was continued with great improvement to the general health, but the urine still contained albumen. As, however, there was found no deficiency in the amount of urea or uric acid in the secretion, according to a rough estimate, the opinion was expressed that the draining off of albumen probably depended on an altered state of the Malpighian capillaries, similar to that which exists in cases of (so called) chylous urine, the renal functions still performing their functions fairly well. In conclusion, it was strongly urged that practitioners should always carefully look out for indications of commencing renal degeneration, and strive vigorously and perseveringly to arrest the morbid process by such measures as in the cases above detailed had proved successful. The disease was compared to pulmonary phthisis, and the hope expressed that, as medicine was more adequate in many instances to the arrest of the one, so it might become also to that of the others.—*Lancet*, March 31, 1855.

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*Experiments with the Venom of the Toad.* —Mr. VULPIAN has ascertained that the mucous membrane of the alimentary canal of the batrachians does not enjoy the same immunity from the action of poison, as that of the other vertebrates. Woorara poison is rapidly absorbed, and the animal dies almost as speedily when the poison is introduced into the mouth or stomach, as when it is inserted under the skin. The venom of the common toad (the lactescent fluid contained in the cutaneous pustules) acts in a similar manner. In his experiments with this substance, he found, as MM. Gratiot and Cloez had already done, that, when inserted in a subcutaneous wound, it kills dogs and guinea-pigs in a space of time varying from thirty to ninety minutes. A period of excitement is followed by one of prostration, and vomiting, or attempts to vomit. In the guinea-pig, death is ushered in by convulsions, but these are absent in the dog, who exhibits a kind of drunkenness for a minute or two before expiring. Frogs inoculated

with the venom also perish in an hour or so ; but the venom exerts no influence upon toads themselves.

Introduced into the stomach of dogs, no ill effect is produced by the venom ; but frogs are invariably killed, whether it is introduced by the mouth or the skin, a somewhat longer period being required in the former case. On examining the stomach of frogs so killed, no trace of erosion or irritation is discernible, and even the paper in which the venom has been inclosed may be found un torn.

On examining animals killed by the venom, muscular irritability is found uninjured, and the sciatic nerves, when pricked or galvanized, determine manifest muscular contractions. The hearts of dogs, examined immediately after death, are found motionless ; their cavities are filled with blood, the auricles and veins cavae being especially distended. The liver is much congested, and the lungs are exsanguineous. On pricking the walls of the heart, incomplete contractions can be excited. The effect of the poison on the heart is, however, best exhibited in the frog, an animal in which its pulsations, when in the normal condition, may be prolonged for more than twenty-four hours after death. When poisoned by the venom of the toad, the motions of the heart are observed to cease about ten minutes prior to death ; and on opening the cavities, they are found filled with black blood, the action of the air exciting some feeble contractions of the parietes. If the heart be not exposed until the animal is quite dead, no contraction is usually observed. The ventricle is then generally found contracted in itself, empty, and pale, while the auricles and veins cavae are distended with black blood. This arrest of the cardiac movements is not produced by the abolition of irritability, as we can usually excite contractions by means of galvanism. It is also probably the cause of the congestions of the nervous centres noticed by MM. Gratiot and Cloëz.—*Med. Times and Gaz.*, March 10, 1855, from *Gaz. Médicale*, No. 4, 1855.

*Benzole a Remedy for Parasitical Diseases.*—MILNE EDWARDS, long ago, ascertained that the vapour of benzin or benzole was fatal to insects. This property has led M. Reynal, of the Veterinary School at Alfort, to employ it for the treatment of pedicular maladies among animals. He has found

that it destroys the parasites in these diseases, more surely and with more safety to the animal than tobacco-juice, mercurial ointment, or any other of the many remedies used. It destroys the epizoa without at all injuring the skin. It is proposed to use this fluid in the parasitical diseases of the human skin, especially in pityriasis, or *morbus pedicularis*, and in scabies.

*Influence of the Improvement of Lodging-Houses in London in Diminishing Epidemic Diseases.*—A report on the common and model lodging-houses of London (with reference to epidemic cholera in 1854), addressed to Sir B. Hall, President of the Board of Health, has just been presented. It is from the pen of Mr. Glover, superintending medical inspector of the Board of Health. Mr. Glover treats first on the common lodging-houses, and, secondly, on the model lodging-houses. The former, it is notorious, were especially the sources of epidemic diseases, and in 1849 suffered severely from epidemic cholera. The act of 1851, for the better regulation of these houses, has now been in active operation three years, and it is unquestionable that its results, especially with reference to the diminution of epidemic disease, have been far greater than even the most sanguine had anticipated. In 1853, there were registered houses of this kind, accommodating about 30,000 persons, yet during the year only ten cases of fever occurred. "Considering the class of persons," remarks Mr. Glover, "inhabiting these houses, it must be acknowledged that three cases of fever to every 10,000 of such persons is an almost incredibly small amount of sickness of this character." In all the houses, registered and unregistered, there were in the first nine months of last year 72 cases of cholera and 61 deaths—an amount of sickness, all things considered, "astonishingly small." The mortality from cholera in 13 weeks of 1854, in every 10,000 of the population, in the common lodging-houses under the superintendence of the police, thus amounted to seven only, whereas the lowest proportion in other districts of the superintendent-registrars was never less than 12 (Hampstead), while the mortality was as high as 162 in Bermondsey. With respect to the health of the inmates of the model lodging-houses, it appears from the various reports that these houses have enjoyed all but complete exemp-

tion from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000, whereas the mortality from cholera in the Potteries, Kensington, was in the ratio of 259 in every 10,000; and in Bermondsey 162 in 10,000.—*Med. Times and Gaz.*, March 24, 1855.

*Dublin Lying-in Hospital.*—Dr. McCLENTOCK has been elected Master to this Institution.

*Royal Road to Cure.*—His Imperial Highness, the Czar of all the Russias, it appears, was of opinion that so great a potentate ought not to be subjected to the disagreeable infliction of swallowing nauseous drugs and of submitting to restraints, in order to be cured of disease like common people; but that he should be cured by a royal road. A snuff over some tiny vial, and the taking of a few sugar pellets were considered as Czarial modes of cure. He has paid the forfeit of his life to this absurd notion, and thus added another victim to the homoeopathic delusion.

*The late Czar's Homoeopathic Physician.*—A letter from St. Petersburg, in the *Danube* of Vienna, says, Dr. MANDZ, Homoeopathic Physician to the late Emperor, has left Russia in great haste and secretly. He is reproached with having too long concealed from the august deceased that his lung was attacked; also with having himself prepared the medicines destined for the Emperor, instead of having had them prepared by a druggist. Great irritation was manifested against him at St. Petersburg, and the Emperor Alexander himself advised him, it is said, to leave Russia.—*Med. Times and Gaz.*, March 31.

**To READERS AND CORRESPONDENTS.**—We shall endeavour to issue our next number before the regular time of publication in order to furnish our subscribers, at as early a day as possible, with a full account of the proceedings of our National Medical Congress. We shall take pleasure in sending to our *Exchanges* early copies of the number, to enable them to do the same.

## NEW MEDICAL WORKS.

THE completion has just been received of *Rokitansky's Pathological Anatomy*, issued by the Sydenham Society, and of *Lehmann's Physiological Chemistry*, translated under the auspices of the Cavendish Society. We understand that both works will shortly be published by Messrs. BLANCHARD and LEA, each complete in two handsome octavo volumes, at a low price. *Lehmann's Chemistry* will pass through the press under the supervision of Prof. R. E. Rogers, of the University of Pennsylvania, who will introduce, throughout the text, the matter contained in the Appendix, consisting of Lehmann's later researches, and will also add such illustrations from *Funcke's Atlas of Physiological Chemistry*, as will tend to the better elucidation of the text.

Dr. La Roche's long-promised work on *Yellow Fever* is now passing rapidly through the press, and will shortly appear in two handsome octavo volumes. During the course of the present month, Prof. Gross will present to the profession a new and greatly enlarged edition of his work on the *Urinary Organs*, which has already assumed the position of a standard authority, both in England and this country. Prof. S. H. Dickson, of Charleston, has nearly ready for the press, a volume entitled *Elements of Medicine*, intended as a text-book on Practice, which will be published during the summer. Dr. Tyler Smith's new and interesting work on *Leucorrhœa* will be reprinted here in the course of a few weeks. Mr. Mackenzie's well-known work on the *Eye*, in its enlarged and improved form, is passing through the press, under the editorial care of Dr. Addinell Hewson, and will shortly be ready for publication.

Messrs. BLANCHARD and LEA will be happy to furnish, on application, copies of their *Illustrated Medical Catalogue*, a handsome pamphlet of sixty-four octavo pages, containing descriptions of their publications, notices of the press, specimens, &c. &c. It will be sent by mail, prepaid, on receipt of two 3 cent postage stamps.